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Bib Data Sheet

CONFIRMATION NO. 7183

SERIAL NUMBER 09/801,540	FILING DATE 03/08/2001 RULE	CLASS 514	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. A30571-A-PCT/USA-A
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/308,511 05/19/1999 ABN
 which is a 371 of PCT/US97/21687 11/21/1997
 which is a CON of 08/755,034 11/22/1996 PAT 6,204,250

gw

** FOREIGN APPLICATIONS *****

Non

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/19/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 33	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>gw</i> Initials				

ADDRESS

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TITLE

Immunization of infants

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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